

HB 6391

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In September 2008, my supervisor resigned from her job. Her departure left me without a collaborating physician. To practice as an APRN in Connecticut, I needed a formal written agreement between me and a MD. Unfortunately, the physician hired to temporarily fill in for the one who left did not have experience working with APRNs. She would not sign on as my collaborating physician. After the Department of Public Health intervened, this doctor agreed to become my collaborating physician, but only verbally. Without a written collaborative agreement, the DPH said I still could not write any prescriptions. Nothing had changed in my clinical expertise, yet I could no longer diagnose and treat patients. Patients were turned away to urgent care centers because there were not enough slots in the day for the other licensed practitioners to see all the patients who needed to be seen. Four months later, only after my employer learned that the Connecticut APRN Society was using my case as an example of restrictions on scopes of practice, the physician signed my collaborative agreement.

All of this inconvenience for me, my employer, and, most important, for my patients could have been avoided had the Nurse Practice Act had less restrictive language. It goes without saying that health care professionals collaborate with each other and will continue to do so whether there is a written mandate in place. APRNs are trained to diagnose and treat patients, know their scope of practice, and are accountable for their actions.